

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES 1 2		
2. AMENDMENT/MODIFICATION NO.: 02		3. EFFECTIVE DATE 11/2/05		4. REQUISITION/PURCHASE REQ. NO. W81W3G-5250-1583		PROJECT NO. (If applicable)	
6. ISSUED BY USAED-Baltimore District Contracting Division P.O. Box 1715 Baltimore MD 21203-1715		CODE USAED		ADMINISTERED BY:		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x)		9A. AMENDMENT OF SOLICITATION NO. W912DR-05-B-0007	
				X		9B. DATED (SEE ITEM 11) 13 October 2005	
						10A. MODIFICATION OF CONTRACT/ ORDER NO.	
						10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE					

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ___ is extended X is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning ___ 1 ___ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER No. ITEM 10A	
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR43.103(b)	
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	
D. OTHER (Specify type of modification and authority)	

E. IMPORTANT: Contractor ___ is not, ___ is required to sign this document and return ___ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

INFORMATION TECHNOLOGY (IT) SUPPORT SERVICES FOR HARDWARE MAINTENANCE FOR THE BALTIMORE DISTRICT AND ITS FIELD OFFICES, BALTIMORE, MD

The following are responses to contractors' questions:

Question: Where are most of the users located?

Answer: Most of the computers and printers are located at the downtown location, 10 South Howard Street, Baltimore, MD.

Question: On average, how many service requests are received on a daily basis?

Answer: This information is not available.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
BY _____ (signature of person authorized to sign)		BY _____ (Signature of Contracting Officer)	

NSN 7540-01-152-8070

PREVIOUS EDITION UNUSABLE

30-105

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA

FAR (48 CFR) 53.243

Question: Are we required to maintain a spare parts inventory?

Answer: You are required to respond within the response times quoted in the Statement of Work. The current contractor does keep some replacement parts on hand at his discretion.

Question: Does the price range (between \$100,000 and \$250,000) represent an estimate for labor costs exclusive of parts reimbursements and travel allowances?

Answer: The price range includes the parts and travel allowances.

Question: How can we obtain Level I and Level II Information Assurance certification requirements?

Answer: It is not likely that you will be able to access the links for this training (see attached pdf files). The certification is not required until after the contractor is on-site. The Government will pay for the contractor's labor required to receive the certification; however, the contractor is responsible for the cost of the class and travel expenses.

- Level 1 link: <https://ia.gordon.army.mil/iaso/default.htm> - this is an on-line class that can be completed over the span of several weeks. Quizzes are given on-line to verify a passing knowledge of each subject area. Most people do not have trouble with this class or the quizzes. Tuition cost - \$0.00 (also see attachment Level-1)
- Level 2 link: <https://ia.gordon.army.mil/Sysadmin/default.htm> - this training is completed at various Army sites around the country and involves two straight weeks of classroom training. To get certified, the attendee must pass a final exam. Again, most people pass with some studying (also see attachment Level-2).

If additional information is required, contact the Information Assurance Web Site at ia@gordon.army.mil or call DSN 780-1404 or Commercial (706) 791-1404.

Question: I went to the Dell website and could not find a certification labeled "Premier".

Answer: The Statement of Work reference to "Dell Premier Access" should have read "Dell Warrantee Parts Direct" certification (<http://warrantypartsdirect.dell.com/us/Program/index.asp>)

Question: Where can we obtain the Standard Form 85 for clearance requirements?

Answer: See attached pdf file. Once this form is completely filled out, your employee will be fingerprinted and a background investigation will be performed.

Question: How can we obtain District Commander's Policy Memorandum #39?

Answer: See attached pdf file.

Question: Can we obtain a more detailed list of equipment? It would seem that all equipment should be Y2K compliant already.

Answer: There is no accurate list of equipment as new equipment is continually coming in and old equipment is continually going out. In addition, the terminology used in our property account for each item does not translate well. All the equipment which must be maintained on this contract was purchased after the year 2000 and therefore should be Y2K compliant.

Question: Would we need to list an hourly rate for overtime purposes?

Answer: There is no hourly rate required at this time.

Frequently Asked Questions

IASO Main Menu

Below are listed the most frequently asked questions concerning the IASO Certification Course. If you cannot find the answer to your question, contact the School of Information Technology IA Web Site at ia@gordon.army.mil.

What is the IASO Certification Course?

The Information Assurance Security Officer (IASO) Certification Course is a web-based course. It was developed by Sytex, Inc. and is managed by the School of Information Technology at the U.S. Army Signal Center, Fort Gordon, Georgia. The IASO Certification Course provides an alternative method for the Army to train and certify IASOs. The course also provides a means for Information Assurance (IA) personnel to obtain CIO/G6-approved Phase 1 certification.

Where can I receive IASO training?

The IASO Certification Course can be studied on the School of Information Technology Information Assurance Web Site at <http://ia.gordon.army.mil/iaso/>.

How long does it take to complete the IASO training?

The amount of time to complete the course may vary from person to person. Though each person's speed may differ, it is considered a 40 hour course.

Do I need access to a military computer to access the IASO web site?

No. You can access the IASO web site from anywhere on the World Wide Web. All you need is a computer, a browser, and a valid email address.

How do I register for the IASO Certification Course?

You don't need to register to study the IASO Certification Course, However, you must register to take the final exam. Registration information is available in the IASO Certification Course table of contents. See the next question. When you register for the examination, the program that controls the web site will enter your registration information into a database and will immediately assign you a unique user ID, which will be displayed on your screen. The web site will also send the registration information to you by email. The user ID will be a number. Write this number down and keep it in a safe place.

Where do I take the IASO examination?

The examination is given online at the Information Assurance Exam Web Site at <https://ia.gordon.army.mil/test/>. Before taking the exam, you must register online at the web site. Follow the web site's instructions.

How long does it take for approval of my exam registration?

The approval time is almost instantaneous. The server reviews the registration information entered by the user. The server will not allow the user to enter incorrectly formatted data into the web site records.

How can I obtain a training certificate?

After you take the examination, the program that controls the web site will immediately grade your examination and will record your score in the web site database. If you pass the examination, the web site will display your training certificate on the screen. Then, you print the training certificate from your browser. The web site will display instructions on how to print a training certificate.

What if I don't have a printer or I can't print my training certificate right away?

You can log back in any time to reprint your training certificate. We recommend that you use a computer with an inkjet, bubble jet, or laser-quality printer.

How long is my user ID good for?

Your user ID is good for an indefinite period. Whenever you wish, you can log back in to the exam web site and check your score, review your answers, and reprint your training certificate.

Who do I contact if I forget or lose my user ID?

The web site displays information and hyperlinks that help you to obtain your forgotten user ID. Follow the forgot password link on the login page or [click here to request your login information](#). Alternately, you can send email to ia@gordon.army.mil or call DSN 780-1404 or Commercial (706) 791-1404.

What happens if I fail the IASO examination?

The web site will allow you to retake the examination 30 days after you last failed the exam. The reason for this is to prevent users from rapidly changing and resubmitting exam answers without first studying and understanding the lessons (hopefully making them more effective IASOs).

I need more information. Who can I contact?

If you have any questions that are not answered by this FAQ sheet, or if you need more information, contact the Information Assurance Web Site at ia@gordon.army.mil or call DSN 780-1404 or Commercial (706) 791-1404.

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[Contact the Webmaster](#)

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IASO Course Menu

IASO Home

Purpose	Objectives	Requirements
Changes	Disclaimer	View Certificate

**** ATTENTION ****

Beginning 1 April 2005 all students attending the Systems Administrator/Network Manager Security Course (Level II) will be required to show completion of the IASO Management Level 1 and the IASO Technical Level 1 courses.

Lesson 1
[IS Terminology](#)

Lesson 2
[Army Information Assurance Program](#)

Lesson 3
[IS Security Structure](#)

Lesson 4
[Minimum Information Assurance Requirements](#)

Lesson 5
[System Threats and Vulnerabilities](#)

Lesson 6
[Security Measures](#)

Lesson 7
[Security Planning](#)

Lesson 8
[Reporting Incidents,](#)

Lesson 10
[Risk Management Policy](#)

Lesson 11
[Certification and Accreditation](#)

Lesson 12
[Training and Awareness Programs](#)

Lesson 13
[DOD Information Technology Security Certification and Accreditation Process \(DITSCAP\)](#)

[Course Summary](#)

[References and Web Resources](#)

[Final Examination](#)(on our secure server)

[Download the IASO](#)

QUIZ

QUIZ

QUIZ

QUIZ

QUIZ

QUIZ

QUIZ

QUIZ

QUIZ

[Violations, and
Vulnerabilities](#)

QUIZ

[Certification Course](#)

Lesson 9
[Required Security
Documentation](#)

QUIZ

Your comments, complaints and suggestions are welcome. Points of contact with E-mail links are listed at the bottom of this page.

FAQ

[Frequently Asked Questions](#)



[Please send us your comments](#)

[IA Homepage](#)

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[Contact the Webmaster](#)

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Systems Administrator/Network Manager Security Course

Course Outline

SA/NM Course Main

Here is a list of topics covered by the System Administrator and Network Manager Security Course

COURSE: 7E-F66/531-F21 PHASE: VER: 2

PREPARATION DATE: 2004/09/23

COURSE TITLE: SYSTEMS ADMINISTRATOR SECURITY COURSE

<u>ACADEMIC TIME</u>		<u>PEACETIME</u>	<u>MOBILIZATION</u>
DAY 1	INTRODUCTION	1.0	0.0
	ONLINE REGISTRATION AND ISSUE BOOKS AND CDs	0.5	0.0
	"JAVA" / Harris STAT SCANNER	2.5	0.0
	SECURITY INTRODUCTION	2.0	0.0
	WINDOWS CHECKLIST - PHYSICAL SECURITY	2.0	0.0
DAY 2	WINDOWS CHECKLIST - SYSTEMS SECURITY	4.5	0.0
	WINDOWS CHECKLIST - NETWORK SECURITY	3.5	0.0
DAY 3	WINDOWS CHECKLIST - ACCOUNT SECURITY	2.5	0.0
	WINDOWS CHECKLIST - AUDITING & LOGGING IMPLEMENTATION AND RECOGNITION OF UNIX/SOLARIS SYSTEM SECURITY MEASURES	1.5 4.0	0.0 0.0
DAY 4	IMPLEMENTATION AND RECOGNITION OF UNIX/SOLARIS SYSTEM SECURITY MEASURES	8.0	0.0
DAY 5	IMPLEMENTATION AND RECOGNITION OF UNIX/SOLARIS SYSTEM SECURITY MEASURES	4.0	0.0

REVIEW	2.0	0.0
SYSTEMS ADMINISTRATOR		
SECURITY COURSE	2.0	0.0
EXAMINATION		
ADMINISTRATIVE TIME	0.0	0.0
GRAND TOTAL:	40.0	0.0
ACADEMIC HOURS BY SECURITY CLASSIFICATION		
FOUO	40.0	0.0

COURSE: 7E-F67/531-F22 PHASE: VER: 2

PREPARATION DATE: 2000/03/30

COURSE TITLE: NETWORK MANAGER SECURITY COURSE

<u>ACADEMIC TIME</u>	<u>PEACETIME</u>	<u>MOBILIZATION</u>
DAY 1		
INTRODUCTION	1.0	0.0
ACERT SLIDESHOW	1.5	0.0
DEMO ACERT WEBSITE	1.5	0.0
INCIDENT AND VULNERABILITY REPORTING	2.0	0.0
NETWORK SECURITY THREATS AND THE HACKER SLIDESHOW	2.0	0.0
DAY 2		
DISCUSS ENCRYPTION READING ASSIGNMENT	1.0	0.0
CRYPTOGRAPHY/ENCRYPTION	1.0	0.0
ENCRYPTING NETWORK TRAFFIC	2.0	0.0
SYSTEM AVAILABILITY	1.0	0.0
SECURE WEB SERVICES USING MS IIS	3.0	0.0
DAY 3		
SECURE ROUTER CONFIGURATION	5.0	0.0
ROUTER PRACTICAL EXERCISES	3.0	0.0
DAY 4		
FIREWALL LECTURE AND SLIDESHOW	1.0	0.0
RAPTOR FIREWALL SLIDESHOW	1.0	0.0
PRACTICAL EXERCISES	3.0	0.0
PRACTICAL EXERCISES (VPN)	3.0	0.0

DAY 5	DISCUSS IDS READING ASSIGNMENT	1.0	0.0
	REAL SECURE LECTURE AND SLIDESHOW	1.0	0.0
	PRACTICAL EXERCISES	3.0	0.0
	REVIEW/TEST	3.0	0.0
ADMINISTRATIVE TIME		0.0	0.0
GRAND TOTAL:		40.0	0.0
ACADEMIC HOURS BY SECURITY CLASSIFICATION			
FOUO		40.0	0.0

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Last modified on: 09/23/2004 16:33:33

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a public trust or sensitive position and your being granted a security clearance is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, do not grant a security clearance, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Because the position for which you are being considered is one of public trust or is sensitive, your trustworthiness is a very important consideration in deciding your suitability for placement or retention in the position.

Your prospects of placement are better if you answer all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of investigating you for a position; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the system of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

3. Except as noted in Question 21, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.

4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.

6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.

7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.

8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.

9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.

11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public burden reporting for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR
PUBLIC TRUST POSITIONS

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through P using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu/ADP	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	- If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH		
Last Name	First Name	Middle Name	Jr., II, etc.		
			Month	Day	Year
3 PLACE OF BIRTH - Use the two letter code for the State.			4 SOCIAL SECURITY NUMBER		
City			County	State	Country (if not in the United States)

5 OTHER NAMES USED							
#1	Name	Month/Year	Month/Year	#3	Name	Month/Year	Month/Year
		To				To	
#2	Name	Month/Year	Month/Year	#4	Name	Month/Year	Month/Year
		To				To	

6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color	Sex (Mark one box)
					<input type="checkbox"/> Female <input type="checkbox"/> Male

7 TELEPHONE NUMBERS	Work (include Area Code and extension)	Home (include Area Code)
	Day Night ()	Day Night ()

8 CITIZENSHIP	b Your Mother's Maiden Name
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.	
<input type="checkbox"/> I am not a U.S. citizen. Answer items b and e.	

c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)					
City	State	Certificate Number	Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation			
U.S. Passport					
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued	

d DUAL CITIZENSHIP	If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.	Country
---------------------------	---	---------

e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S.	Alien Registration Number	Country(ies) of Citizenship
			Month Day Year		

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Telephone Number ()						

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List **all** College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

• Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

• For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

• For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()		ZIP Code			
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()		ZIP Code			
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
Telephone Number ()		ZIP Code			

Enter your Social Security Number before going to the next page →

11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	To		Present					
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year		Month/Year	Position Title	Supervisor			
	To							
	Month/Year		Month/Year	Position Title	Supervisor			
	To							
#2	Month/Year		Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year		Month/Year	Position Title	Supervisor			
	To							
	Month/Year		Month/Year	Position Title	Supervisor			
	To							
#3	Month/Year		Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To							
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()	
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year		Month/Year	Position Title	Supervisor			
	To							
	Month/Year		Month/Year	Position Title	Supervisor			
	To							

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY <i>(Block #4)</i>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#5	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY <i>(Block #5)</i>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

#6	Month/Year To	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()

PREVIOUS PERIODS OF ACTIVITY <i>(Block #6)</i>	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor
	Month/Year To	Month/Year	Position Title	Supervisor

12 YOUR EMPLOYMENT RECORD	Yes	No
Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.		

Use the following codes and explain the reason your employment was ended:

- | | | |
|--|--|--|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons under unfavorable circumstances |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | |

Month/Year	Code	Specify Reason	Employer's Name and Address <i>(Include city/Country if outside U.S.)</i>	State	ZIP Code

Enter your Social Security Number before going to the next page →

[illegible]

Enter your Social Security Number before going to the next page

16 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate No.	Status				Country
				O	E	Active	Active Reserve	
To								
To								

17 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		
Registration Number	Legal Exemption Explanation	

18 YOUR INVESTIGATIONS RECORD	Yes	No					
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.							
Codes for Investigating Agency 1 - Defense Department 4 - FBI 2 - State Department 5 - Treasury Department 3 - Office of Personnel Management 6 - Other (Specify)				Codes for Security Clearance Received 0 - Not Required 3 - Top Secret 6 - L 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other 2 - Secret 5 - Q			
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code
b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.							
Month/Year Department or Agency Taking Action				Month/Year Department or Agency Taking Action			

19 FOREIGN COUNTRIES YOU HAVE VISITED							
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)							
•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other							
•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").							
•Do not repeat travel covered in items 9, 10, or 11.							
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#5	To		
#2	To			#6	To		
#3	To			#7	To		
#4	To			#8	To		

Enter your Social Security Number before going to the next page →

20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

21 ILLEGAL DRUGS				Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.					
a In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?					
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?					
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.					
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used		
To					
To					
To					

22 YOUR FINANCIAL RECORD					Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	
b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.						
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature <i>(Sign in ink)</i>	Date

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

DISTRICT COMMANDER'S POLICY MEMORANDUM NO. 39

SUBJECT: Disposition of Computer Hard Drives Prior to Disposal

1. Reference memorandum, CENAD-IM, 7 Aug 2001, Subject: Disposition of DoD Computer Hard Drives Prior to Disposal.

2. Summary: The purpose of this policy memorandum is to allow the District to meet DoD security needs while avoiding unnecessary costs and to continue to allow reuse of our computers by public schools and other worthy organizations. Detailed guidance for hard drive disposal determination and detailed disposal instructions are contained in referenced memorandum.

3. Responsibilities:

a. Division offices:

(1) Appoint and provide a technically knowledgeable employee(s) to accomplish the following tasks:

a. Perform overwriting and removal of classified hard drives designated for degaussing or physical destruction. Hard drive removal will include shielding materials, and affixing a certification label to the hard drive. (See sample at Attachment 1 to referenced memorandum.)

b. Perform overwriting on non-classified hard drives designated for reuse. Procedure will include affixing the required certification labels as appropriate to the hard drives or computers housing the hard drives. (See sample at Attachment 1 to referenced memorandum.)

(2) Deliver hard drives designated for degaussing or destruction to the Logistics Office for safe delivery to the National Security Agency (NSA) at Ft. Meade, Maryland.

(3) Deliver reusable computers with overwritten hard drives to the Logistics Office for disposal.

(4) Provide the District Information Assurance Manager (IAM) with copies of certification labels.

(5) Secure from IMO sufficient copies of the C2 protect Data Eraser overwriting software as needed.

(6) Ensure that any employee leaving the district who received approval to process Government information on a personally-owned computer provides the IAM with signed and dated certification that Government files do not reside on the hard drive of that computer. (Personnel Separation Clearance Form NAB1613 will meet this requirement.)

CENAB-IM

SUBJECT: Disposition of Computer Hard Drives Prior to Disposal

(7) Establish hard drive disposal procedures for field offices.

(8) Ensure contracts for computer support initiated after 30 September 2001 contain guidance and requirements for hard drive overwriting, degaussing, or physical destruction. (See Attachment 3 of referenced memorandum.)

b. Logistics Office:

(1) Appoint and provide appropriate training for an individual to perform random sampling of no fewer than 20% of overwritten reusable hard drives turned in for disposal. The individual providing sampling support can not have been involved in the initial overwriting.

(2) Collect and deliver to NSA those hard drives designated for degaussing or physical destruction. (See Attachment 2 of referenced memorandum.)

c. Information Management Office:

(1) The IAM will maintain for a period of five years copies of signed and dated hard drive certification labels.

(2) Provide support for hard drive overwriting or removal when a division or staff office does not have a qualified employee.

(3) Provide random sampling support of overwritten hard drives when a qualified employee is not available. The individual providing sampling support can not have been involved in the initial overwriting.



CHARLES J. FIALA, JR.
Colonel, EN
Commanding

Distribution A

The proponent office for this new policy memorandum is the Information Management Office